

SECTION 10 Family Engagement and Visitation

- 10.1 **Purpose and Philosophy:** Family Engagement and Visitation is essential for a child's well-being, fundamental to permanency and vital to a child maintaining family relationships and cultural connections.

Visitation is a right, not a privilege. The Fourteenth Amendment to the United States Constitution ensures a parent's fundamental right to have custody of their children. When a child has been removed from the parental home the parent retains the right to have visitation and in most instances has a right to receive services to facilitate reunification, including visitation. Children also have a right to visit with their parents and other [important individuals](#). Under no circumstance will visitation be withheld solely based on the parent's non-cooperation with their case plan services or a child's behavior.

Visitation should be embraced and encouraged. Research has shown the most powerful motivation a parent has to make positive lifestyle change is to see their children. Consistent visitation is associated with higher rates of reunification and decreases in a child's anxiety and depression. Visitation maintains and supports the parent child relationship, which is essential for successful reunification and preventing re-entry into foster care.

We need to nurture parents the way we want them to nurture their children. Psychological preparation of parents for visits has been shown to predict positive visiting outcomes. When parents understand that the visit is different from their usual interactions with the child and that the child is under greater than normal stress, they are better prepared for their child's reactions and are less likely to be discouraged by any disruptive behaviors during visits. Providing realistic expectations for the visit to the parents helps to build their confidence in their ability to parent, which has already been badly shaken by the child's removal, and helps them to feel less like they are being negatively judged for the child's reactions¹. Provision of enhanced visitation services, such as the Fostering Relationships Through Visitation (FRTV) model or other forms of facilitated family parenting time, should be provided during the early stages of visitation, to strengthen and maintain the parent/child relationship.

When a foster parent supports family reunification through a positive relationship with birth parents/family members, which includes mentoring and supporting visitation, achievement of reunification happens more often. The Agency expects that any foster parent who accepts the responsibility of caring for a child will facilitate visits between the biological parent and/or relative and the foster child and will engage in a positive co-parenting relationship with birth families.

Research shows when the child's case worker makes efforts to engage parents in visitation and encourage parents to join in their children's activities and participate in decision making, such as attending medical/dental appointments, educational meetings, therapy, and extra-

¹ Holcomb, R., MSW, Ph.D. (2004). Innovative Practice in foster child visitation: A review of the literature for Family Alternatives, Inc. Retrieved November 7, 2017, from <http://casw.umn.edu/wp-content/uploads/2014/07/FosterCareVisitationLitreview.pdf>

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curricular activities, there was an increase in the regularity of parent-child visitation². Parents who have substance use disorders may need a longer recovery period, are more likely to have mental health problems, use visiting and other services less and have lower reunification rates³. Due to these additional issues, these parents may require more persistent encouragement to visit their children⁴. Support services to help parents participate in visitation and well thought out Individualized Family Engagement and Visitation Plans developed in collaboration with the parent and foster parents should be provided to ensure logistical barriers do not prevent visitation.

The removal of a child is a traumatic experience for both the children and the parents. Additionally, parents often have other past traumatic experiences, such as a childhood history of foster care placement, previous experience with a child protective services agency, family violence, etc.. Those traumatic experiences can influence the parent's engagement with the case worker, foster parent and other agency staff and their participation in visitation. It is imperative that the case worker's and foster parent's approach is non-judgmental and trauma informed.

Visitation should occur in the least restrictive environment as is necessary to ensure child safety. When visits are supervised, parents may feel that their interactions are being scrutinized and judged making spontaneous, self-assured interaction difficult⁵. Therefore, when visits must be supervised the parent should understand the reason for supervision and know what must change to decrease the level of supervision during visits.

Children who visit frequently with parents have fewer behavioral problems and show less anxiety and depression. When a child is exposed to stress the body's natural response is to release cortisol, otherwise known as the stress hormone, to engage the fight or flight response. Researchers have found that while initial cortisol levels increase when a child is first stressed, the levels decline to an abnormally low level if they experience stress for an extended period of time,⁶ which is often the case for children involved in the child welfare system. These abnormal cortisol levels have been linked to behavioral problems in

² Nesmith, A. (2014). Factors Influencing the Regularity of Parental Visits with Children in Foster Care. *Child and Adolescent Social Work Journal*, 32(3), 219-228. doi:10.1007/s10560-

³ Choi, S., & Ryan, J.P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review*, 29, 1395-1410.

Dore, M. M., & Doris, J.M. (1998) Preventing child placement in substance-abusing families: Research-informed practice. *Child Welfare*. 77(4), 407-426.

⁴ Burry, C.L., & Wright, L. (2006). Facilitation visitation for infants with prenatal substance exposure. *Child Welfare*, 85(6), 899-918.

⁵ Haight, W. L., Black, J. E., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S. J., & Szewczyk, M. (2002). Making visits better: The perspectives of parents, foster parents, and child welfare workers. *Child Welfare*. LXXXI, #2, Retrieved November 7, 2017, from <http://centerforchildwelfare.fmhi.usf.edu/kb/trpost/Making%20Visits%20Better--The%20Perspectives%20of%20Parents,%20FP,%20and%20Case%20Workers.pdf>

⁶ Concordia University. (2011, February 10). Behavioral problems linked to cortisol levels: Study finds intervention needed as soon as behavioral problems appear. *ScienceDaily*. Retrieved March 6, 2018 from www.sciencedaily.com/releases/2011/02/110209124143.htm

children such as aggression, depression, and anxiety⁷ and may be a contributing factor to a child's negative behaviors. In addition, when a child is removed from their home they may not understand the separation from their parents and may respond with bewilderment, sadness and grief. During visits they may cling, cry, act out or withdraw from their parents. Following a visit they may be confused, sad or angry. Some children show regressive behaviors, depression, physical symptoms or increased behavioral problems⁸. Due to these various factors, a child's negative behaviors following a visit may not mean the parent did something harmful during the visit.

Studies have shown that children who have frequent, regular parental contact experience significantly less externalizing behaviors and lower levels of depression⁹. Additionally, children who visit with their parents regularly have stronger attachments than children with less contact, which is also linked to fewer behavioral problems¹⁰. In cases where children are exhibiting problematic behaviors, increasing visits may actually reduce the child's anxiety and result in less negative behaviors¹¹. Foster parents and relative/fictive kin caretakers can provide support to children and parents during visitation by encouraging parents to follow the child's lead using the Fostering Relationships Through Visitation (FRTV) model. Research has shown that simply following a child's lead and responding to them in a nurturing manner over time strengthens the parent-child attachment¹², improves the child's regulation of cortisol¹³, and increases the child's ability to manage their own emotions and behavior¹⁴.

All families should be welcome. Children should have contact with all persons they identify as [important individuals](#). Supporting existing relationships and supporting new relationships with relatives can provide the child with long-term support and may even result in identifying new placement options. The child's wishes concerning contact with important individuals should be considered and an Individualized Family Engagement and Visitation Plan put into place. The Reasonable and Prudent Parent Standard outlined in the [Normalcy Policy for Foster Parents](#) and [Normalcy Policy for Relatives](#) should be used by caregivers to guide decisions concerning the foster child's continued contact with peers. Consideration of

⁷ Ruttle, P. L., Shirtcliff, E. A., Serbin, L. A., Fisher, D. B., Stack, D. M., & Schwartzman, A. E. (2011). Disentangling psychobiological mechanisms underlying internalizing and externalizing behaviors in youth: Longitudinal and concurrent associations with cortisol. *Hormones and Behavior*, 59(1), 123-132. doi:10.1016/j.yhbeh.2010.10.015

⁸ Smariga, M. (2007). *Visitation with infants and toddlers in foster care: What judges and attorneys need to know*. Retrieved November 7, 2017, from http://www.ct.gov/ccpa/lib/ccpa/birth_to_three_and_visitation_aba_child_law_center_doc.pdf

⁹ McWey, L.M.m Acock, A., & Porter, B.E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32(10), 1338-1345. Doi:10.1016/j.childyouth.2010.05.003

Cantos, A. L., Gries, L.T., & Slis, V. (1997) Behavioral correlates of parental visiting during family foster care. *Child Welfare*, 76(2), 309-329.

¹⁰ McWey, L. M., & Mullis, A. K. (2004) Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*, 53, 293-300.

¹¹ Hess, P. (1988). Case and context: determinants of planned visit frequency in foster family care. *Child Welfare*, 67(4), 311-326.

¹² Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (march/april 2012). Enhancing Attachment Organization Among Maltreated Children: Results of a Randomized Clinical Trial. *Child Development*, 83(2), 623-636. doi:10.1111/j.1467-8624.2011.01712.x

¹³ Bernard, K., Dozier, M., Bick, J., & Gordon, M. K. (2014). Intervening to enhance cortisol regulation among children at risk for neglect: Results of a randomized clinical trial. *Development and Psychopathology*, 27(03), 829-841. doi:10.1017/s095457941400073x

Bernard, K., Hostinar, C. E., & Dozier, M. (2015). Intervention Effects on Diurnal Cortisol Rhythms of Child Protective Services–Referred Infants in Early Childhood. *JAMA Pediatrics*, 169(2), 112-119. doi:10.1001/jamapediatrics.2014.2369

¹⁴ Lind, T., Bernard, K., Ross, E., & Dozier, M. (2014). Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial. *Child Abuse & Neglect*, 38(9), 1459-1467. doi:10.1016/j.chiabu.2014.04.004

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introduction of new household members, such as a parent's new boyfriend/girlfriend, should be guided by the wishes of the child based on their developmental level and the permanency plan.

10.2 **Scope:** This policy applies to all children served by child welfare professionals, all staff within the Agency, contracted service providers and foster parents.

10.3 **Legal Authority:** [NRS 432B.550](#); [NAC 432B.185](#)

10.4 **Child and Family Services Review (CFSR) Components:**

A. Safety Outcome 2, Item 3: Risk and Safety Assessment and Management. The Agency will make concerted efforts to assess and address the risk and safety concerns relating to the children placed in foster care during visitation.

B. Permanency Outcome 2, Item 8: Visiting with Parents and Siblings in Foster Care. The Agency will make concerted efforts to ensure visitation between a child in foster care and his or her mother, father and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

C. Permanency Outcome 2, Item 9: Preserving Connections. The agency will make concerted efforts to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends.

D. Permanency Outcome 2, Item 11: Relationship of Child in Care with Parents. The Agency will make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

E. Well-Being Outcome 1, Item 12: Needs and Services of Child, Parents, and Foster Parents. The Agency will make concerted efforts to assess the needs of children, parents, and foster parents, both initially and ongoing, to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family and provide appropriate services to address those needs.

F. Well Being Outcome 1, Item 13: Child and Family Involvement in Case Planning. The Agency will make concerted efforts to involve parents and children in the case planning process on an ongoing basis.

10.5 **Fidelity Review Components:** Provision of services to facilitate family engagement and visitation between foster children and their parents, relatives and fictive kin is assessed in the Nevada Initial Assessment (NIA), Protective Capacity Family Assessment (PCFA) and Protective Capacity Progress Assessment (PCPA) fidelity review instruments. Documentation of visitation services must include information related to the initial and ongoing assessment of the appropriate level of supervision/facilitation to ensure the safety

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and well-being of the children who are placed in foster care and efforts made to ensure the parents have opportunities outside of regularly schedule visits to be involved in their children's lives by attending school events and other appointments (medical, dental, therapy, etc.). Documentation shall be contained in UNITY case notes, NIA, PCFA, PCPA, Individualized Family Engagement and Visitation Plan and/or supervisory consultations documented in case notes throughout the NIA, PCFA and PCPA processes.

10.6 Definitions:

- A. **Child and Family Team** includes the child, parents, foster parents, parents' attorneys, child(ren)'s attorneys and case worker. Other team members may include, as applicable, clinical care manager, therapist, PSR/BST worker, school personnel, a child's identified support person, CASA and any other person who is involved with the child or family.
- B. **Comfort Call** refers to a phone call made by the foster parent to the birth parent shortly after a child is removed from their home to comfort the child, take the first step in establishing a positive co-parenting relationship between the foster parent and parent(s) and discuss vital information needed to meet the child's needs. This call also provides an opportunity for the child and parent to speak to each other after removal, which can help both to feel more comfortable with the placement.
- C. **Facilitated Family Engagement and Visitation** is used to strengthen the parent-child relationship and enhance parenting knowledge and skills. During facilitated family engagement and visitation a foster parent, relative, Human Support Services Specialist (HSSS), case worker, therapist or community parenting education provider (Appleseeds, Early Headstart, etc.) provides developmentally appropriate parenting education and coaching to help the caregiver learn about their child's developmental/emotional needs and connect with their child(ren) by following the child's lead.
- D. **Family Engagement and Visitation** refers to the time children spend with their parents when they have been removed from their home. This time is more than just scheduled visitation; it is intended to be focused, quality time where parents can connect with their children, practice new skills and techniques and stay informed about what is happening in their children's lives. Family engagement and visitation may occur in a variety of settings, including in the parent's home, foster home, a relative's home, the office, the Family Engagement Center, the community, during the child's appointments or at their extracurricular events.
- E. **Foster Care** refers to the placement of a child with a licensed foster parent, relative or fictive kin. For the purposes of this manual section, foster care also refers to the placement of a child on a non-legal, out-of-home present danger plan.
- F. **Foster Parent** refers to the foster parent, relative caregiver or fictive kin caregiver with whom the child is placed.

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- G. **Icebreaker** refers to a facilitated, child-focused meeting held shortly after a child is placed (or the placement changes) in out-of-homecare to provide an opportunity for birth parents and foster parents to meet each other and to share information about the needs of the child. This meeting is the beginning of establishing communication and building a relationship between the child's parents and caregivers.
- H. **Important Individual** refers to a person identified by a child who is positive and supportive. This may include relatives, fictive kin, peers, or other individuals that the child has an ongoing positive relationship.
- I. **Impending Danger** exists when a child is living in a state of danger. Impending Danger is not always active, but can become active at any time or may become active because of specific, stimulating events, circumstances or influences. Impending Danger is not necessarily obvious or occurring at the onset of the NIA or in a present context, but can be identified and understood more fully by evaluating and understanding individual and family conditions and functioning throughout the NIA and PCFA/PCPA processes. A child in Impending Danger without safety interventions could reasonably experience serious harm.
- J. **Individualized Family Engagement and Visitation Plan** refers to a written plan that outlines how a parent or other important individual will engage with the child, who is placed in out-of-home care. Plans should outline visitation and other forms of contact such as phone calls, texts, attendance at appointments and extracurricular activities that will help to maintain connections with parents and other important individuals. These plans are developed in collaboration with the parents, foster parents and other members of the child and family team and are focused on providing the child as much or as little contact with parents and other important individuals, as is necessary to meet the child's needs.
- K. **Present Danger** is an immediate, significant, and clearly observable family condition or situation that is actively occurring or "in process" of occurring at the point of contact with a family; and will likely result in serious harm to a child. In process of occurring means it might have just happened (e.g., a child presents at the emergency room with a serious unexplained injury); is happening (e.g., a child is left unattended in a parked car); or happens all the time (e.g., young children were left alone last night and might be tonight).
- L. **Safety** refers to the physical and emotional well-being of a child.
- M. **Supervised Family Engagement and Visitation** (Supervised Visits) is used to ensure the physical and emotional safety of the child(ren). During supervised family engagement and visitation the supervisor monitors for specific parental behaviors that are considered a safety threat and redirects behavior to ensure child safety. Visits that are supervised will also be facilitated to strengthen the parent-child relationship and enhance parenting knowledge and skills.

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N. **Unsupervised Family Engagement and Visitation** is used when the parent/caregiver is moving towards reunification with the child(ren) and has demonstrated enhanced parental capacities, which enable them to safely care for their children unsupervised. Unsupervised Family Engagement and Visitation may occur in a variety of locations, such as the office, Family Engagement Center, community or parental home. Consideration must be given to the location of visits and how that location may mitigate safety threats.

- 10.7 **Fostering Relationships Through Visitation (FRTV):** FRTV is a relationship building model where the foster parent facilitates visits and other forms of contact with the birth parent to build a positive co-parenting relationship. During visits the foster parent coaches and encourages parents to follow their child's lead, encouraging play-based engagement and connection with their children and strengthening the parent-child bond. Parents are taught to understand their child's reactions during visits, making them feel less rejected, which has been shown to support ongoing consistent visitation. Foster parents and birth parents also collaborate on how to best meet the child's needs, empowering parents to stay involved and connected with their children. Foster parents are also encouraged to serve as mentors to parents, providing guidance on parenting and support throughout the reunification process.

It is the expectation that all foster parents will engage birth parents with the FRTV model to build a positive co-parenting relationship, improve visitation experiences for parents and children and to support reunification. When a foster parent is not able to engage in FRTV during a facilitated visit an Agency staff may provide visitation facilitation services using the FRTV model approach.

- 10.8 **Individualized Family Engagement and Visitation Plan:** Each child should have an Individualized Family Engagement and Visitation Plan designed in collaboration with the Child and Family Team that outlines a plan of visitation and other forms of contact with parents and other important individuals at a frequency and duration that will support and improve familial bonds and meet the safety, permanency and well-being needs of the child.

A. **Frequency and Duration of Visits:** The Child and Family Team should determine the appropriate frequency and duration of visits that best meets the individual needs of the child and that supports the permanency plan, including progression to an in-home plan or transitioning towards adoption. Some factors to consider include, but are not limited to:

1. The child's age and developmental level – Generally, younger children may require more frequent in-person visitation with a shorter duration to maintain the parent child bond while older children may require less frequent in-person visits of a longer duration with other forms of contact occurring daily.
2. The child's wishes – What is the child asking for in terms of visitation and what does this request mean? Whenever it is safe and in the child's best interest visitation should occur at a level that the child is requesting. When a child does not wish to

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visit with a parent the case worker should explore the child's reasoning and determine if there is a course of action that would help the child feel more comfortable re-engaging in visitation with the parent. As determined appropriate, family therapy for the parent and child may be offered as a case plan service to develop or enhance the parent/child relationship when visitation supports the permanency plan.

3. The child's school and after-school activity schedule – Stability in all activities should be maintained whenever possible. Children shall not miss school for regularly scheduled parental visits. Whenever it is safe to do so, parents should be invited to attend the child's school and after-school activities in addition to their other scheduled visitation.
4. The child's emotional well-being – The child's reactions to visits, both positive and negative, should be considered when determining the frequency and duration of visits. A child's negative reactions during visits should not be a sole determinant to reduce visitation. When a child has negative reactions during visits the case worker should attempt to determine if it is a normal response to separation or if it suggests a problem in the visiting situation or the parent-child relationship. Research has shown that when children have strong reactions during visits or around visits (before or after) increasing the frequency and consistency of visits can actually reduce these behaviors improving child well-being and placement stability. Additionally, foster parents should provide emotional support to children before, during and after visits to help children adjust and help nurture a positive co-parenting relationship with the birth parent, which has also been shown to reduce negative behaviors.
5. Timing and duration that supports natural parenting activities – Visits should be scheduled at a time and duration that will support natural parenting activities such as meal preparation, naptimes, homework, etc.. If the visit interferes with a child's regular daily activities the case worker should consider how the parent may be incorporated into that activity during visitation.
6. Parent's and Foster Parent's Schedules – Visits should be coordinated with the parent's and foster parent's schedules, whenever possible. When there are scheduling conflicts that cannot be resolved the case worker should consult with the Child and Family Team to determine if others involved with the family can assist.
7. The Permanency Plan – When the permanency plan is reunification the visitation plan should change over time, depending on the parent's progress towards enhancing parental capacities, ideally increasing in length and requiring more responsibility on the part of the parent to care for their child. When the plan changes to termination of parental rights consideration should be given to continuing connections with parents and important individuals after the closing of the case. If there will be no further contact with the parent the visitation plan should include titration down and a final "goodbye" visit.

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- B. Other Forms of Contact: Family engagement and visitation can occur in many forms including in-person, Skype/FaceTime, telephone, text, email, social media, or letters. In person visits should be scheduled whenever possible. In person visits should be supplemented with additional forms of contact based on the child's needs, age and developmental level. These additional forms of contact should not replace in person visits, but should be used to increase the parent's engagement with their child. When in-person visits are not possible or appropriate, other forms of family engagement and visitation should be implemented.
- C. Who is included in a child's Individualized Family Engagement and Visitation Plan?
1. Birth/Adoptive Parents - An Individualized Family Engagement and Visitation Plan must be developed for all birth/adoptive parents whose rights have not been terminated.
 - a. Non-custodial Parents – When a child does not have an established relationship with the non-custodial parent the parent should be introduced in a manner that supports the child's well-being and permanency plan. Consideration should be given to the child's wishes, the developmental level of the child, the child's emotional well-being, the parent's history of involvement with the child, identified present/impending danger threats related to the non-custodial parent and the permanency plan. When necessary, therapeutic interventions may be employed to introduce the parent and support the child.
 - b. Incarcerated Parents – When a child's parent is incarcerated the case worker should consider the following factors when developing the Individualized Family Engagement and Visitation Plan:
 - The age and developmental level of the child.
 - Does the child know this parent?
 - What is the permanency plan?
 - What is the visitation policy of the facility? Do they allow I-Web visits? What are the rules around in-person visits, mail and email?
 - What support services are needed to facilitate contact? Worker to send letters and cards from the child to the parent and vice versa, provision of self-addressed stamped envelopes to the parent to write letters, etc.
 - c. Out-of-Area Parents – When a child's parent lives outside of the area the case worker should make efforts to engage that parent in visitation with the child based on the child's developmental level and permanency plan. In person visits should be encouraged and supported whenever possible. Use of alternate forms of contact, such as Skype/Facetime visits, phone calls, letters, text messages, etc. should also be used to encourage and support the parent/child bond. When the permanency plan includes moving a child to an out-of-area parent and that child does not have an established relationship with that parent, the case worker must make efforts to arrange alternate forms of visitation until the child is

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reasonably comfortable with the parent. At that point, Agency payment to facilitate in-person visits may be permitted with Coordinator approval.

2. Siblings – When a child is not placed with their sibling who is also in foster care, an Individualized Family Engagement and Visitation Plan must be developed for sibling visitation. Sibling visits may occur during regular parental visits. However, if the parent is not consistently visiting with the children the case worker must ensure that sibling visits occur regardless of whether the parent attends. If the sibling is not in foster care and that sibling's parent refuses visitation, the worker will document ongoing efforts made to establish an Individualized Family Engagement and Visitation Plan with that sibling in UNITY case notes.
 - a. Stopping visits between siblings – Whenever it has been determined to be unsafe or not in a child's best interests to visit with a sibling, ongoing efforts to assess and provide services should be made to facilitate visitation that may occur in the future.
 3. Important Individuals – Whenever possible, children should be allowed to maintain positive relationships with individuals they identify as important to them. If the parent(s) is/are not in agreement with the visitation of important individuals, the best interests of the child must be considered to determine if the visits should proceed.
 - a. Other relative or fictive kin with established relationships – When a child and other relative or fictive kin express a desire to visit, the case worker should develop an Individualized Family Engagement and Visitation Plan if it is in the best interests of the child and supports the permanency plan. If the relative or fictive kin is not able to be a placement option an Individualized Family Engagement and Visitation Plan may help to support a long-term familial connection for the child.
 - b. Peers – The foster parent/relative/fictive kin caregiver will support continued contact with the child's peer group when it is determined to be in the best interests of the child. The Reasonable and Prudent Parent Standard outlined in the [Normalcy Policy for Foster Parents](#) and [Normalcy Policy for Relatives](#) should be used by caregivers to guide decisions concerning the foster child's continued contact with peers.
 4. Relative or Fictive Kin Without Established Relationships who are interested in placement or becoming a support to the child should be offered an Individualized Family Engagement and Visitation Plan if it is in the best interests of the child and supports the permanency plan. If the relative or fictive kin is not able to be a placement option an Individualized Family Engagement and Visitation Plan may help support a long-term familial connection for the child.
- D. Location: Visits should occur in the least restrictive, most home-like environment that is safe for the child. When determining the location of a visit the case worker should take

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into consideration the identified present or impending danger, the wishes of the child/parent/foster parent, how the location can mitigate the present/impending danger and how the location encourages natural parent/child interactions and offers opportunity for the parent to develop or practice parenting skills. Visits may occur in the parent's home, the foster home, the community, the Family Engagement Center or the CPS Office.

- E. **Transportation:** Whenever possible, the Individualized Family Engagement and Visitation Plan should be developed to accommodate the foster parent's schedule allowing them to transport the child to visits on an ongoing basis and facilitate visits with the birth parents. Other individuals involved in the child's care, such as the birth parents, relatives/fictive kin who are not the placement, members of the child and family team, etc., should also be considered when making transportation arrangements for family engagement and visitation time. In situations where all other supports have been explored and are unable to transport the child, the case worker or Family Engagement Center staff person may request that a WCHSA runner transport the child using the WCHSA HSSS Visit and Transportation Request Form (WCHSA 408).

10.9 Initial and Ongoing Assessment of Family Engagement and Visitation: The assigned case worker must make concerted efforts to ensure visitation between a child placed in foster care or a child placed on a non-legal, out-of-home present danger plan/safety plan with his or her mother, father, siblings and important individuals occurs at a sufficient frequency and quality to promote continuity of the familial bonds and other important relationships.

A. **Timeframes:**

1. **Comfort Call:** Upon placement, whenever possible, and when a child transitions to a new placement the foster parent and placing case worker should initiate a phone call with the biological parent(s) to introduce the foster parent and allow the child to speak with the parent. The primary purpose of a comfort call is to provide comfort to the child and parents after a removal or move to a new placement. This call is also the starting point of the foster parent – parent relationship, setting the stage for a positive co-parenting relationship. During the call the foster parent should allow the parent to be the expert on their child by discussing vital information needed to meet the child's needs such as:
 - a. Medical – allergies, medications, upcoming or needed appointments, immunizations, etc.;
 - b. Behavioral – past trauma, placement history, therapeutic history;
 - c. Educational and Developmental – school attended, teachers, academic performance, special services, etc.;
 - d. Family/Fictive Kin/Peer support systems – Who else can the child call for support?
 - e. Routines – extracurricular activities, schedules, bedtimes, etc.;
 - f. Set up an Icebreaker and first in person visit; and

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Family Engagement Center (FEC) staff are expected to notify the case worker whenever they believe the client has met conditions to reduce the level of intrusiveness (supervision) of the visits or whenever they believe the level of intrusiveness is not sufficient to ensure safety during visitation. In situations where FEC staff and the case worker/supervisor do not agree a staffing shall be held with a coordinator for a final determination.

- c. Formal Review – A formal review of the Individualized Family Engagement and Visitation Plan with the parents and foster parent/relative/fictive kin should be completed with the Protective Capacity Family Assessment (PCFA) and every 90 days thereafter, in conjunction with the Protective Capacity Progress Assessment (PCPA). During the formal review of the Individualized Family Engagement and Visitation Plan a new [HSACS 474 - Individualized Family Engagement and Visitation Plan](#) should be completed with the parent and foster parent/relative/fictive kin. Note: If the [HSACS 474 - Individualized Family Engagement and Visitation Plan](#) was updated in the 30 calendar days prior to completion of the PCFA or PCFA then the case worker does not need to update the plan unless there have been changes.

10.10 **Facilitated Family Engagement and Visitation:** Initially, most visits will be facilitated by the foster parent to ensure that the child's needs are being discussed with the parent and to promote a positive working relationship. The need for facilitation during family engagement and visitation time may reduce over time as the foster parent and birth parents become familiar with one another and the parent's protective capacities become more enhanced. When a foster parent is not able to facilitate the visit, an Agency staff may provide facilitation services.

10.11 **Placing Limitations on Family Engagement and Visitation:** Family Engagement and Visitation time should be provided at the lowest level of intrusion that is necessary to ensure the child's safety and well-being.

- A. Family engagement and visitation shall not be interrupted or shortened to enable case worker interviews of parents or children and shall not routinely be considered as meeting child/parent contact requirements, unless the caseworker spends time with the parent/child prior to or after the visit.
- B. Supervised Family Engagement and Visitation - When there are identified present danger threats or impending danger threats that are likely to manifest during visitation supervision may be necessary. Whereas the Present Danger Assessment (PDA), Nevada Initial Assessment (NIA), Protective Capacity Family Assessment (PCFA) and Protective Capacity Progress Assessment (PCPA) assess safety as it relates to ongoing present danger/impending danger threats and how those threats impact permanency (reunification, TPR, etc.), assessing the safety of visits requires the case worker to focus more on present danger or impending danger that is likely to manifest during visits and how the location of the visit can mitigate that danger.

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Example: Visits that occur at the Family Engagement Center, in the office or in the community have automatic safeguards that can mitigate danger due to the presence of other individuals who would likely intervene or report any dangerous activities. These visit locations are generally considered to be safer than a visit that might be unsupervised in the parent's home, allowing for less direct supervision during visits.

Whenever supervised visits are indicated, the worker must clearly articulate how the parent's identified present danger/impending danger threat(s) and diminished/enhanced parental capacities impact the child's safety during visits, taking into consideration how the location of the visit mitigates that threat. The case worker must also articulate what must change for less restrictive visits to occur.

1. Supervised family engagement and visitation time may be appropriate in the following circumstances, including but not limited to:
 - a. There are allegations of domestic violence or sexual abuse and there is not enough information available to understand the dynamics between the parent(s) and children and how that contributes to present/impending danger.
 - b. The parent/caretaker is pending criminal charges for child abuse or neglect and there are concerns that person may attempt to convince the child to retract statements concerning abuse or neglect;
 - c. The parent/caretaker has a history of impairment that limits their ability to safely manage the children alone, such as substance abuse or mental health impairments and that impairment is so severe at the time of the visit that the parent is unable to safely care for the child;
 - d. There is evidence that the child is at risk of physical or emotional abuse during the visit;
 - e. There is an active Temporary Protection Order (TPO) or Extended Protection Order (EPO) that restricts visits between a parent and child; or
 - f. The visit supervisor has been threatened.

2. Assessment of non-agency visitation supervisors – When supervised visits are necessary non-agency persons, such as foster parents, relatives and fictive kin may be used to supervise the visit. When determining whether a person is appropriate to serve as a visit supervisor the case worker should consider:
 - a. Whether the person's viewpoint towards the parent and child is appropriate and realistic;
 - b. If the person has the knowledge, skills and motivation to perform the action or service required to ensure the child's safety and well-being during the visit;
 - c. If visits will occur at the person's home, the safety and appropriateness of the home;
 - d. Does the person have the ability to intervene in the visit to ensure child safety and understand what interventions are needed and when they are appropriate?

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C. **Terminating or Limiting Visits:** Under no circumstance will visitation be withheld solely based on a parent's non-cooperation with their case plan or a child's behavior. The decision to stop visits with a parent, either temporarily or permanently must be based on the identified present/impending danger and/or the best interests of the child based on their well-being and permanency plan. Although the agency may terminate or limit visitation without court approval, recommendations to limit or terminate visits should be presented to the court and supported by any of the following:

1. Evidence that the child is at risk of physical or emotional abuse during the visit.
2. The fact that the visitation supervisor is threatened.
3. The parent appears incapacitated to a level that they cannot safely manage the child during the visit, i.e. intoxicated, psychosis, and there is not another person available to supervise the visit. Parental intoxication or mental health concerns in and of itself is not justification for terminating a visit. The worker must be able to articulate the level of impairment and how that places the child in danger during the visit. In these circumstances the visit may be terminated for that day, but may resume on another day, if safe for the child.
4. Evidence that visits are not in the best interest of the child based on well-being and/or permanency plan.

D. **Special Considerations for Family Engagement and Visitation:**

1. **Domestic Violence** – The impact of domestic violence on the child requires an assessment of the identified present and impending danger threats, parental capacities and the child's experiences, which could differ significantly from the adult's experiences. This assessment should be used to create an Individualized Family Engagement and Visitation Plan that ensures the safety of all parties while meeting the child's need for continued contact with both parents. Separate visits for the mother and father may be necessary to ensure the safety of the child and parent and to support the parent/child bonds.
2. **Sexual Abuse** – The case worker will need to assess present and impending danger threats, as well as a child's and each parent's readiness for visitation, including therapist recommendations and evaluations as part of the assessment. Each parent must be assessed individually and provided visitation as is appropriate to their unique circumstances.
3. **Parent Convicted of First Degree Murder of the Other Parent** – Pursuant to [NRS 432B.153](#), if a parent has been convicted of first degree murder of the other parent of the child, court approval is required prior to any visitation. The court may approve visits only if:
 - a. The court determines that the health safety and welfare of the child is not at risk and it will be beneficial for the child to have visitations with the convicted parent;
 - or
 - b. The child is of suitable age to signify his or her assent and assents to the order of the court awarding visitation with the child to the convicted parent.

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Until the court makes a determination regarding visitation, no person may bring the child into the presence of the convicted parent without consent of the legal guardian or custodian of the child. The case worker should consult with the Child and Family Team prior to initiating contact between a child and a parent or requesting an Individualized Family Engagement and Visitation Plan from the court in this situation.

4. **Child Conceived as a Result of Rape or Incest** – [NRS 125C.210](#) provides that, if a child is conceived as the result of a sexual assault and the person convicted of the sexual assault is the natural father of the child, the person has no right to custody of or visitation with the child unless the natural mother or legal guardian consents thereto and it is in the best interest of the child. Exception: if the person convicted of the sexual assault is the spouse of the victim at the time of the sexual assault. If the persons later divorce, the conviction of sexual assault creates a rebuttable presumption that sole or joint custody of the child by the perpetrator of the sexual assault is not in the best interest of the child. The court shall set forth findings that any custody or visitation arrangement ordered by the court adequately protects the child and the victim of the sexual assault.
 5. **Child Abduction** – Pursuant to [NRS 432B.159](#), when a parent has been convicted of an act of abduction against the child or any other child, court approval is needed prior to authorizing unsupervised, off-site visits.
 7. **Children placed Residential Treatment Centers (RTC)** – Pursuant to [NRS 433.482](#), when a child is placed in a Residential Treatment Center they have the right to see visitors each day, to make phone calls, to have access to materials for writing letters, including stamps, and to mail and receive unopened correspondence. Individualized Family Engagement and Visitation Plans with children placed in RTCs should be developed to allow contact with parents, siblings and other important individuals as is determined to be in the best interests of the child based on their developmental level, well-being and permanency plan.
- 10.12 **Other Types of Family Engagement and Visitation:** The case worker shall make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation. Parents should be invited to attend all medical, dental, developmental and therapeutic appointments with their children and be included in the decision making process whenever it is safe to do so. Additionally, unless it is determined to not be in the child's best interests, the parent should be invited to attend the child's school and extra-curricular activities. Any limitation to the parent's attendance at these types of appointments must be justified based on the identified present or impending danger and must be documented in the safety assessment.

10.13 The Foster Parent's Role in Family Engagement and Visitation

- A. Facilitating Visitation and Promoting a Positive Co-Parenting Relationship – When foster parents are able to effectively co-parent with birth parents children experience less anxiety and negative behaviors and parents are more likely to stay engaged in their case plan activities; thereby, increasing the rate of reunification. A positive co-parenting relationship should begin at the very first contact between the foster parent and the family and is the cornerstone of the Fostering Relationships through Visitation (FRTV) model.
1. The foster parents should facilitate visitation and other forms of contact with the parents, siblings, important individuals and/or other relatives as outlined on the child's Individualized Family Engagement and Visitation Plan. More contact may also be allowable and appropriate as determined by the foster parent's availability and the case worker. The foster parent may not withhold visitation or limit communication between a parent and child beyond the limitations outlined on the Individualized Family Engagement and Visitation Plan.

When working with foster parents, case workers should take into consideration the family dynamics and responsibilities related to caring for all of the foster children in the home. When there are issues around a foster parent's ability to meet expectations around visit facilitation the case worker should work with the Child and Family Team to understand the barriers and come up with creative solutions to meet the child's need to visit with parents and other important individuals. Whenever possible, members of the child's team may be used to assist in visit transportation or facilitation.

Examples include, but are not limited to:

If the foster parent has 2 facilitated visits scheduled at the same time with different families, consult with the FEC staff and the other case worker to determine if one of the families is able to visit un-facilitated (due to increased parental capacities) or have the foster parent facilitate visits every other visit, switching off between the families. Enlist FEC staff to help facilitate the visits when the foster parent is working with the other family.

Ask another team member (Child Attorney, extended family member, therapist, etc.) to facilitate a visit with the child and family (this could provide invaluable information for a therapist) or to assist with transportation to a visit or school event.

2. The foster parent should provide support to children, understanding that a child's negative reactions before, during and after visits does not necessarily indicate the parent has done something wrong during visits. The foster parent should nurture a positive co-parenting relationship with the parents, understanding that the removal of a child is a traumatic experience for parents and also that parents may have their own trauma history that influences their behavior. The worker should assist the

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foster parent in their understanding of trauma and how it can impact child and parent behaviors.

If a foster family is having difficulty supporting the child before, during or after visits, and the child is exhibiting trauma related behaviors or if the foster parent is having a difficult time developing a positive co-parenting relationship, the worker should consult with the Child and Family Team and consider making a referral for short-term therapeutic services through the Clinical Services team.

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Appendix 13-1 Late Parents and Early Check-In

Late Parents – In the event a parent is late for a visit, staff will attempt to contact the parent via phone. If staff is unable to contact the parent, the Foster Parent should wait a minimum of 15 minutes for the parent. If the parent has not arrived or has not contacted the Foster Parent or WCHSA after 15 minutes past the scheduled visit time, the visit will be considered a no call/no show and the Foster Parent may leave with the children.

Foster Parents are required to answer their phones during the scheduled visit time, so that WCHSA can contact them if the parent arrives for the visit.

Early Check-In – In the event a parent is a No Call No Show for three (3) consecutive visits, an early check in may be added to the visit time.

The first Early Check-In should be by phone with the Family Engagement Center. After two (2) weeks of phoning in early, the Early Check-In will be removed.

If the parent does not comply with the Early Check-In by phone, an in person Early Check-In may be required. After two (2) weeks of complying with the Early Check-In in person, the Early Check-In requirement will be removed.

The determination of adding an Early Check-In requirement and the length of the Early Check-In requirement will be based on the circumstances of each individual case. All parties affected by an Early Check-In will be notified of the changes in writing.

Appendix 13-2
Family Engagement and Visitation Best Practices

- The first visit should occur as soon as possible, but no later than 48 business hours after placement.
- Schedule as many visits as possible during the week to help preserve and improve the parent – child relationship. (Minimum 2-3 scheduled visits per week).
- Additional developmentally appropriate activities should be included in addition to in-person visits; or to replace visits when a parent is not in the local vicinity. These activities may include, but are not limited to:
 - Skype/Facetime;
 - Text, email or letters;
 - Exchange photographs;
 - Make a recording of the parent reading a book and play while the child looks at the book;
 - Give the parent and child a copy of the same book. Have the parent sleep with a baby blanket and give the blanket to the child. Wrap the child in the blanket while the parent reads the book to the child during a phone call or Facetime/Skype visit.
 - Make things to send to each other, like pictures, gifts, etc.;
 - Exchange video recordings of events the child or parent is involved; and/or
 - Find and share information about a topic of mutual interest.
- Conduct visits in the most homelike setting as possible, preferably the family home whenever possible.
- Use members of the family's own family/social network to facilitate or supervise visits, host visits at their homes and provide support to the parent and child. This will help strengthen the family's own support system increasing protective factors for the child after case closure.
- Schedule visits around normal family activities, such as meal time, nap time, home work time, etc.. This allows the parent to practice and demonstrate knowledge/skills to be used during normal parenting activities.
- Prepare children, parents and foster parents for visits, to include but not limited to, what to expect during the visit, understanding the child's potential reactions (before, during and after visits), and how to support the child.
- Help the parent to establish a consistent visit routine. This will help the child feel more comfortable and secure during visits and make visits more enjoyable for the family. Suggest activities that are developmentally appropriate to each child. See [Appendix 13-3 Developmentally Related Visit Activities](#).
- Assess the family's progress on at least a monthly basis, more if possible, and amend the Individualized Family Engagement and Visitation Plan as frequently as is

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needed to ensure visits are being held at a frequency, duration and level of intrusiveness that is appropriate to the child's needs.

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Appendix 13-3
Developmentally Appropriate Visit Activities¹⁵

Age	Developmental Task	Developmentally Related Visit Activities
Infancy (0-2)	<ul style="list-style-type: none"> • Develop primary attachment • Develop object permanence • Basic motor development (sit, roll over reach, crawl, stand, walk) • Word recognition • Begin exploration and mastery of the environment 	<ul style="list-style-type: none"> • Meet basic needs (feeding, cuddling, bathing, protecting) • Play peek-a-boo games • Tummy time, encourage child to stand, crawl, walk, etc., by holding child's hands or play "come to me" games • Name objects, repeat name games, read/sing to child • Encourage exploration; childproof home; take walks; play together with colorful, noisy moving items
Toddler (2-4)	<ul style="list-style-type: none"> • Develop impulse control; • Language development; • Imitation, fantasy play; • Large motor coordination (run, climb, dance); 	<ul style="list-style-type: none"> • Make and consistently enforce appropriate rules • Talk together; read simple stories; play word games, talk to the child about what they are doing in that moment • Play "let's pretend" games; encourage imitative play by doing things together such as "clean house," "go to the store" • Play together at park; assist in learning to ride tricycle; dance

¹⁵ McCartt Hess, P., & Ohman Proch, K. (2012). Best Practices for Father-Child Visits in the Child Welfare System. In *National Family Preservation Network* (pp. 20-21). Buhl, ID: National Family Preservation Network. (Reprinted from *Family Visiting In Out-of-Home Care. A Guide to Practice.*)

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	<ul style="list-style-type: none"> • Small motor coordination; • Develop basic sense of time; • Identify and assert preferences, sense of self. • Learn cause – effect relationships (this may be impaired for children with Developmental Disabilities or Attention Deficit Disorder) 	<p>together to music</p> <ul style="list-style-type: none"> • Draw and color together; string beads together, puzzles • Discuss visits and visit activities in terms of “after lunch, “before dinner,” etc. • Allow choices in foods eaten, activities, and clothes worn • Point out cause - effect and logical consequences of actions
<p>Pre-school/Early School (5-7)</p>	<ul style="list-style-type: none"> • Gender Identification • Continuing development of conscience • Develop ability to solve problems Continuing to learn cause – effect relationships (this may be impaired for children with Developmental Disabilities or Attention Deficit Disorder) • Task completion and order 	<ul style="list-style-type: none"> • Be open to discuss physical differences and gender identification • Be open to discuss child’s perception of gender roles: read book about heroines and heroes together • Make and enforce rules; discuss consequences of behavior • Encourage choices; discuss problems together • Point out cause - effect and logical consequences of actions • Plan activities with beginning, middle, end (e.g. prepare to bake, make cake, clean up)

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	<ul style="list-style-type: none"> • School entry and adjustment 	<ul style="list-style-type: none"> • Play simple games such as Candyland, Go Fish • Shop for school supplies and clothes together; provide birth certificate, medical record for school entry; go with child to visit school prior to first day; talk with child about school experiences; attend school activities and conferences with teacher
School-age (8-12)	<ul style="list-style-type: none"> • Continued school adjustment • Skill development (school, sports, special interests) • Peer group development and play • Development of self-awareness • Preparation for puberty 	<ul style="list-style-type: none"> • Shop for school supplies and clothes together; talk with child about school experiences; attend school activities and conferences with teacher • Help with homework; practice sports together; demonstrate support of child's special interests, such as help with collections; attend school conferences and activities; work on household, yard tasks together • Involve peers in visits; attend team activities with child (child's team or observe team together) • Talk with child about own feelings and about child's feelings • Discuss physical changes expected; answer questions openly
Early Adolescence (13-16)	<ul style="list-style-type: none"> • Cope with physical changes 	<ul style="list-style-type: none"> • Provide information re: physical changes; be positive about and help with personal appearance

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	<ul style="list-style-type: none"> • Develop abstract thinking • Development of relationship skills • Become more independent of parents • Changes in peer group associations 	<p>such as teaching about shaving, make-up</p> <ul style="list-style-type: none"> • Plan for and discuss future; discuss “what if?” • Be open discussing relationships, problems with the child’s friends, set clear expectations • Help learn to drive; assist in finding part time job and handling money; support school completion • Transport to peer activities; include peers in visits
<p>Late Adolescence (17-22)</p>	<ul style="list-style-type: none"> • Separation from family • Develop life goals, rework identity • Develop intimate relationships 	<ul style="list-style-type: none"> • Encourage independence through helping find apartments, applying for jobs, think through choices; tolerate mixed feelings about separation • Be open to discuss options, “think things through” together; share own experiences as young adult, both successes and mistakes • Be open to discuss feelings, problems and plans

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Appendix 13-4 **Family Engagement and Visitation - Client Handouts**

The following handouts may be provided to clients to enhance and support Family Engagement and Visitation:

[Following the Lead – English](#)

[Following the Lead – Spanish](#)

[Developmentally Appropriate Visit Activities – Infancy \(Birth to 2 years\)](#)

[Developmentally Appropriate Visit Activities – Toddler \(2 – 4 years\)](#)

[Developmentally Appropriate Visit Activities – Pre-school / Early School \(5-7 years\)](#)

[Developmentally Appropriate Visit Activities – School Age \(8 – 12 years\)](#)

[Developmentally Appropriate Visit Activities – Early Adolescence \(13 – 16 years\)](#)

[Developmentally Appropriate Visit Activities – Late Adolescence \(17 – 22 years\)](#)

[Family Engagement Center – Visitor Expectations](#)